



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

December 19, 2006

FILE COPY

Katie Hackney, Administrator  
Country Time Assisted Living Center, LLC  
277 S Main St  
Star, ID 83669

License #: RC-775

Dear Ms. Hackney:

On November 17, 2006, a life safety code survey was conducted at Country Time Assisted Living Center, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 21, 2006

Katie Hackney, Administrator  
Country Time Assisted Living Center, LLC  
277 S Main St  
Star, ID 83669

FILE COPY

Dear Ms. Hackney:

On November 17, 2006, a life safety code survey was conducted at Country Time Assisted Living Center, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 17, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R775</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY TIME ASSISTED LIVING CENTER, L</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>277 S MAIN ST STAR, ID 83669</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 17, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6699

9YWQ21

If continuation sheet 1 of 1



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HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <u>Country Time Assisted Living</u>	Physical Address <u>277 S. Main St,</u>	Phone Number <u>(208) 863-0688</u>
Administrator <u>Katie Baker</u>	City <u>Star, Idaho</u>	ZIP Code <u>83669</u>
Survey Team Leader <u>Chris Laumann</u>	Survey Type <u>Fire/ Life Safety</u>	Survey Date <u>11/17/06</u>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	16.03.22.404	NFPA 101 (1988 edition) requirements: <u>Hazardous area separation</u> of laundry room. The <u>laundry room</u> did not have a self closing door. The <u>mechanical room / storage room</u> did not maintain a smoke resistive separation from the rest of the facility. Two 1ft by 1 1/2 ft grates were installed in the wall and penetrating to the corridor. The mechanical room / storage room is required to have an auto closer as well.		
2.	405.01.B	<u>Multi plug adapters</u> were found in Rm 1 powering a lamp and a clock. Another was found in Rm. 4 and Rm 11. <u>Extension cords</u> were found in Rm. 10 and Rm 13.		
3.	405.05	The <u>hand rails</u> in the "left hallway" were all loose along the entire length of the hallway.		
4.	415.02	No professional inspection documentation of <u>fuel fire heating devices</u> could be produced.		
5.	415.04	No inspection of the <u>fire Alarm system</u> could be produced.		
6.	415.06	No fire watch policy could be produced.		

Response Required Date

Signature of Facility Representative

Date Signed

12/17/06

Miranda Gray